

<b>MARYLAND UNIFORM COMPLAINT/CITATION/SUMMONS</b>		<b>11145B6</b>					
DRIVER'S LICENSE NUMBER				CLASS		STATE	
DEFENDANT'S (FIRST) NAME		(MIDDLE)		(LAST)		(SUFFIX)	
CURRENT ADDRESS IN FULL							
CITY		COUNTY		STATE		ZIP	
HEIGHT	WEIGHT	RACE	GENDER	BIRTH DATE	TELEPHONE NO.		
VEH REGISTRATION		STATE	VEH YEAR	MAKE	MODEL	TYPE	COLOR
VIOLATION DATE		TIME	<input type="checkbox"/> P.I. <input type="checkbox"/> P.D. <input type="checkbox"/> SAFETY BELTS <input type="checkbox"/> HAZMAT <input type="checkbox"/> COMM VEH <input type="checkbox"/> CDL (LIC) <input type="checkbox"/> FATAL ACC. <input type="checkbox"/> A/R SUSP. REV.				
MONTH/DAY/YEAR							
LOCATION OF OFFENSE							
COUNTY/CODE		AREA		ARREST TYPE		CVID	
<b>MD</b>							
DID UNLAWFULLY VIOLATE MOTOR VEHICLE LAWS(S):							
<b>CITATION NO.    ART/SEC/CHARGE</b>				<b>PAYABLE FINE AMOUNT</b>			
<div style="display: flex; justify-content: space-between;"> <div> <b>1. 11145B6    TA-21-902(A)(1)</b>  <b>DRIVING VEH. WHILE UNDER INFLUENCE</b>  <input type="checkbox"/> CONTRIBUTED TO ACC.    RELATED CITATION         </div> <div> <input type="checkbox"/> PAYABLE FINE  <input type="checkbox"/> MUST APPEAR         </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> <b>2. 11245B6    TA-18-21-801.1</b>  <b>EXCEEDING MAXIMUM SPEED</b>            _____ MPH IN A POSTED _____ MPH ZONE  <input type="checkbox"/> CONTRIBUTED TO ACC.    RELATED CITATION         </div> <div> <input type="checkbox"/> PAYABLE FINE \$ 290  <input type="checkbox"/> MUST APPEAR         </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> <b>3. 11345B6    TA-16-112(C)</b>  <b>FAILURE TO DISPLAY LICENSE</b>  <input type="checkbox"/> CONTRIBUTED TO ACC.    RELATED CITATION         </div> <div> <input type="checkbox"/> PAYABLE FINE \$ 40  <input type="checkbox"/> MUST APPEAR         </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div> <b>4. 11445B6    TA-27-105</b>  <b>EXCEEDING REGISTERED WEIGHT LIMIT</b>            _____ LBS. OVERWEIGHT _____ PERMITTED WEIGHT  <input type="checkbox"/> CONTRIBUTED TO ACC.    RELATED CITATION         </div> <div> <input type="checkbox"/> PAYABLE FINE \$ 86  <input type="checkbox"/> MUST APPEAR         </div> </div>							
I SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONTENT OF THE FOREGOING DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I PERSONALLY SERVED THIS SUMMONS ON THE DEFENDANT NAMED ABOVE. <input type="checkbox"/> A VISUAL COMPARISON WAS MADE BETWEEN THE DEFENDANT AND THEIR I.D./LICENSE.							
OFFICER SIGNATURE _____							
DISTRICT _____ NO. _____							
AGENCY _____ SUB-AGENCY _____				I.D. NO. _____			
RADAR/LASER/VASCAR OPERATOR NAME _____							
AGENCY _____ SUB-AGENCY _____				I.D. NO. _____			
I ACKNOWLEDGE RECEIPT OF A COPY OF THIS SUMMONS AND PROMISE TO APPEAR AS REQUIRED BY THE SUMMONS. I UNDERSTAND THAT ACCEPTANCE OF THIS SUMMONS IS NOT AN ADMISSION OF GUILT BUT MY FAILURE TO APPEAR MAY RESULT IN THE ISSUANCE OF A WARRANT FOR MY ARREST. ISSUED ELECTRONICALLY - SIGNATURE NOT REQUIRED							
<b>X</b> DEFENDANT'S SIGNATURE							

FOR MORE INFORMATION AND TO PAY CITATIONS  
 Visit the MD Judiciary Website at [www.mdcourts.gov/district](http://www.mdcourts.gov/district)  
 or call the Interactive Voice Response (IVR) System  
 for trial dates, court locations and directions  
 From all areas including out-of-state call: 1-800-492-2656  
 TTY users, call 1-800-925-9690 or  
 use Maryland Relay Services at 1-800-735-2258 or 711

**DISTRICT COURT OF MARYLAND**  
**SUMMONS TO APPEAR / NOTICE TO DEFENDANT**

**IMPORTANT INFORMATION:** This citation is a summons to appear. You will be notified by the Circuit or District Court through a trial notice setting the date, time, and place to appear. It is your obligation to know your trial/hearing date and appear on that date. It may take several weeks before a trial/hearing date is set. If your name or address on this citation is not correct, you must notify the Court in writing of any changes. The Post Office will NOT forward Court mail.

Every moving violation fine amount in which points may be assessed includes a \$7.50 surcharge as required by TR § 27-101.2.

**IF ANY OF YOUR VIOLATIONS ARE MARKED "MUST APPEAR":** You will automatically be mailed a notice of your trial date by the Court. Failure to appear will result in a warrant for your arrest. Please read "Important Information".

1. This paper charges you with committing a crime.
2. If you have been arrested, you have the right to have a judicial officer decide whether you should be released from jail until your trial.
3. You have the right to have a lawyer.
4. A lawyer can be helpful to you by:  
(A) explaining the charges in this paper;  
(B) telling you the possible penalties;  
(C) helping you at trial;  
(D) helping you protect your constitutional rights; and  
(E) helping you to get a fair penalty if convicted.
5. Even if you plan to plead guilty, a lawyer can be helpful.
6. If you want a lawyer but do not have the money to hire one, the Public Defender may provide a lawyer for you. The court clerk will tell you how to contact the Public Defender.
7. **DO NOT WAIT UNTIL THE DATE OF YOUR TRIAL TO GET A LAWYER.** If you do not have a lawyer before the trial date, you may have to go to trial without one.

**IF ANY OF YOUR VIOLATIONS ARE MARKED "PAYABLE FINE":**

You have three (3) options to satisfy each violation. NOTE: Failing to pay the fine or appear for a scheduled trial/hearing could cause your license and privilege to be suspended by the Motor Vehicle Administration.

**OPTION #1 - PAYMENT:** Pay the full amount of the fine for each violation within 15 days at any District Court, by mail, or credit card (fees apply) using the IVR system or the Court Website. If payment is not received within 15 days, the citation could be scheduled for trial. You may pay the fine up to the court date to avoid trial. If paying by mail, make check or money order payable to District Court of MD and include citation number(s) on front of check or money order. On the option form below, check "Pay Fine Amount" for each violation being paid and mail the form with your payment to the address shown for the Traffic Processing Center. An additional \$10 service fee will be imposed for each dishonored check.

**OPTION #2 - REQUEST FOR WAIVER HEARING (Guilty with an Explanation):**

On the option form below, check "Request Waiver Hearing" for each violation where hearing is requested, provide any change of address, sign and date at bottom and mail the form within 15 days to the address shown for the Traffic Processing Center. **DO NOT SEND PAYMENT** at this time.

**OPTION #3 - TRIAL:** DO NOT SEND PAYMENT or OPTION FORM at this time.

The Court will automatically mail a notice of trial date if you do not pay the full amount of fine or request a waiver hearing within 15 days of the date citation was issued.

DISTRICT COURT OF MARYLAND  
MD COMPLAINT AND CITATION OPTION FORM

Return to:  
Traffic Processing Center  
P.O. Box 6676  
Annapolis, MD 21401-0676

(Auto  
Populated)  
DISTRICT/NO.

NAME  
(Auto Populated)

ADDRESS ☐ Check if change from address on citation.

CITY, STATE, ZIP

TELEPHONE NO.

CITATION NO.

(Auto Populated)



**YOU MUST APPEAR**

(Auto Populated)



☐ PAY FINE AMOUNT \$ 290 OR ☐ REQUEST WAIVER HEARING

(Auto Populated)



☐ PAY FINE AMOUNT \$ 40 OR ☐ REQUEST WAIVER HEARING

(Auto Populated)



☐ PAY FINE AMOUNT \$ 86 OR ☐ REQUEST WAIVER HEARING

Sign below ONLY if you have requested a Waiver Hearing for any citations listed above.

I hereby admit that I have committed the violation(s) listed above and I request a waiver hearing at which I may explain the circumstances to a judge. I know that this is not a trial, that the officer and witnesses will not be present, and that my appearance in court is for sentencing only.

DATE

DEFENDANT'S SIGNATURE